

APPLICATION FOR PERMIT TO INSTALL LP GAS & ANYHROUS AMMONIA TANKS



LP & NH₃ Tanks

For Office Use Only
Revised Form on: March 19, 2004

Permit No.: _____

Approved By: _____

Date Approved: _____

Amount Paid: _____

Installation Site

NAME OF BUSINESS/COMPANY (D/B/A)

STREET ADDRESS

CITY STATE ZIP CODE

()

TELEPHONE NUMBER

COUNTY

CONTACT PERSON

Installation Contractor

NAME OF CONTRACTOR

COMPANY NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

()

TELEPHONE NUMBER

Owner of Tanks

OWNER/OPERATOR/COMPANY NAME

STREET ADDRESS

CITY STATE ZIP

()

TELEPHONE NUMBER

COUNTY

Type of Facility

☐ Commercial ☐ Private Use ☐ Bulk Plant

☐ Service Station (Filling/Resale)

☐ Industrial Standby-By

☐ Other (Please Specify): _____

1. Tank Information:

- a) Tank Type: ASME API-ASME
b) Installation is to be: Permanent Temporary
c) Tank Usage: Aboveground Underground
d) Number of tanks to be installed: _____
e) Legible Data Plates: Yes No
f) Tank Capacity (Gallons): _____
Tank #1 Tank #2 Tank #3 Tank #4 Tank #5
g) Tank National Board Number: _____
Tank #1 Tank #2 Tank #3 Tank #4 Tank #5
h) Manufactured Year of Tank: _____
Tank #1 Tank #2 Tank #3 Tank #4 Tank #5

***A tank "Manufacturer's Data Report for Unfired Pressure Vessels" (Form U-1A) must accompany this application for approval.**

- i) Distance of nearest tank to closest property line which may be built upon: _____ feet
j) Distance of nearest tank to closest important building on the same property: _____ feet
k) Type of liquid level gauging device: Slip Tube Rotary Tube Float Combination Not Applicable
l) Type of tank relief device: Internal External
m) What are the dimensions for each tank: Tank #1 _____ feet x _____ feet
LENGTH DIAMETER
Tank #2 _____ - _____ feet x _____ - _____ feet
LENGTH DIAMETER Tank #3 _____ - _____ feet x _____ - _____ feet
LENGTH DIAMETER
Tank #4 _____ - _____ feet x _____ - _____ feet
LENGTH DIAMETER Tank #5 _____ - _____ feet x _____ - _____ feet
LENGTH DIAMETER
n) Relief Valve Capacity: _____ CFM _____ CFM _____ CFM
Tank #1 Tank #2 Tank #3
_____ CFM _____ CFM
Tank #4 Tank #5
o) Will each tank over 2,000 gallons W.C. have an adequate pressure gauge? Yes No
p) Will each aboveground tank be painted a light-reflecting color? Yes No
q) 1. Indicate if tank(s) will be surrounded with industrial type fence with two (2) separate openings: Yes No
2. If no, will the valves and equipment be protected from tampering? Yes No
r) Indicate if tank and related piping system will be protected from vehicular damage: Yes No
s) Indicate if a temperature gauge will be provided? Yes No

2. Piping Information (Please check all that apply):

- a) Indicate type of piping: Steel Wrought Iron Brass Copper Polyethylene
b) Indicate type of tubing: Steel Brass Copper Polyethylene
c) Indicate type of fittings: Steel Brass Copper Malleable
d) Indicate type of Service: Liquid Vapor Both Liquid & Vapor
e) Liquid service piping to be: Schedule 40 Schedule 80
f) Liquid service piping connections to be: Screwed Welded Screwed & Back Welded
g) Will vapor return service piping to be schedule 40 or greater? Yes No
h) Specify if swing joints and/or flexible connectors are to be installed: Swing Joints Flexible Connectors
Both
i) Specify if tank openings are to be provided with excess-flow valves, if dedicated to liquid service: Yes No
j) Specify if tank openings are to be provided with excess-flow protection, if dedicated to vapor service: Yes No
k) Will properly-sized excess-flow valves be installed where piping size is significantly reduced? Yes No

Section 2 Continued to Page 3

Continuation of Section 2 from Page 2

- l) Specify if a bulkhead will be installed at transfer points on system utilizing over 4,000 gallons water capacity: Yes No
- m) Specify if an emergency shut-off valve will be located at transfer points where applicable: Yes No
- n) Specify pressure settings on hydrostatic relief valves to be 400-500 PSIG: Yes No
- o) Aboveground liquid and vapor piping is to be properly supported between the tank, transfer points, and utilization points:
Yes No
- p) Indicate if back-flow check valve is to be used in liquid line supplying the tank: Yes No
- q) Indicate if any piping will be locate underground: Yes No
1. Depth of underground metal piping: _____ inches
 2. Will corrosion protection be provided on underground metal piping? Yes No
 3. If cathodic protections is utilized on underground metal piping, will an insulating fitting be installed at each point where the pipe emerges from the ground? Yes No
- r) After assembly, will piping system (including hose) shall be tested at not less than the normal operating pressure and be proven free of leaks? Yes No

3. Utilization Equipment:

- a) Will vaporizer unit be utilized? Yes No
If yes, specify type: Direct-fired Indirect fired Waterbath
- b) If vaporizer, tank heater, vaporizer-burner, or gas-air mixer is to be utilized, will specifications on the unit be submitted with this application for permit? Yes No
- c) Specify distance vaporizer, tank heater, vaporizer-burner, or gas-air miner will be located from tank _____ feet.
tank valving _____ feet; point-of-transfer _____ feet; nearest important building _____ feet;
line of adjoining property which may be built upon _____ feet.
- d) If the vaporizer is direct-fired, will an ESV be provided in the inlet piping? Yes No
- e) Indicate if system will be used for D.O.T. cylinder filling or motor fuel container filling? Yes No
*** If yes, please complete Section 4***
- f) Specify if liquid storage system will be used in a gas distribution facility: Yes No
- g) Will liquid storage system be used in an industrial plant facility: Yes No
- h) Specify if facility will utilize L.P. gas cylinders on exchange basis only: Yes No
- i) All electrical wiring and conduit in hazardous locations shall conform to the National Electrical Code, Class 1, Division 1 and 2 requirements and be inspected by a Certified Electrical Inspector: Yes No

4. D.O.T. Container Filling Information:

- a) If L.P. gas is to be resold, provide resale license number and type: _____
- b) Will a hyrostaite relief valve be provided for hoses which normally contain liquid (wet hose): Yes No
- c) Will the point of transfer be at least:
1. Ten (10) feet from buildings with one (1) hour fire resistive walls: Yes No
 2. Twenty-five (25) feet from buildings with other than fire resistive walls: Yes No
 3. Twenty-five (25) feet from wall openings or pits below the level of transfer where vapors can collect: Yes No
 4. Twenty-five (25) feet from adjoining property which can be built upon: Yes No
 5. Twenty-five (25) feet from public ways (streets, sidewalks, thoroughfares, etc.): Yes No
- d) Indicate if a remote electrical shut-off will be provided for transfer equipment: Yes No
- e) Will remote electrical shut-off be conspicuously marked? Yes No
- f) Will structures housing L.P. transfer operations comply with Chapter 7 of NFPA 58? Yes No
- g) Will "no smoking" sign be conspicuously posted in the transfer area: Yes No
- h) Type of filling: D.O.T. cylinders Motor Fuel Both
- i) Will an excess-flow valve or an ESV be provided in the steel piping at the point of the dispensing hose attachment?
Yes No
- j) If the installation will be used as a motor fuel station, will a listed emergency breakaway device be installed in the dispensing hose? Yes No N/A

Fee Schedule

KRS 198B requires a fee for plan review services. A charge of \$100.00 for the first tank and \$50.00 for each additional tank is required for this specialized review. **The required fee must accompany your application for permit.** Your check or money order should be made payable to the "Kentucky State Treasurer". The name and location of the project must be indicated on the check or money order.

I, the undersigned, do hereby agree that this installation shall comply with all applicable requirements of the State Fire Marshal's Office promulgated in 815 KAR 10:060 and all other applicable standards as required. All answers in this application are true and accurate to the best of my knowledge.

Contractor (Signature)

Date

Did you enclose your plan review fee? ☐ Yes ☐ No

Amount: \$ _____ .00

Note: Site plan, specifications and check or money order must accompany this document before approval.

Approval by the State Fire Marshal's

LOCATION NAME

IF THE NAME HAS CHANGED, WHAT WAS IT PREVIOUSLY CALLED

STREET ADDRESS

CITY

COUNTY

PERMIT NUMBER

This storage tank system was tested on _____ with satisfactory results.

Pursuant to KRS 227.300, REG. 815, and KAR 10:060 the above listed installation is found to have substantially complied with the Kentucky "*Standards of Safety*".

Hazardous Materials Field Inspector

Badge #

Date

Site Plan

General Instructions for Completing the Permit Application Form

- **This permit application form is used for all L.P. gas and anhydrous ammonia tanks and therefore addresses many types of configurations. Please answer only the questions that apply.**
- **A site plan will be required to accompany the application form that shows the distance to property lines and nearest important buildings with respect to the tank(s). The site plan should also indicate any other hazards on the same property. A piping diagram is required to accompany the application form, but may be waived for simple installations i.e. tank top dispensing or base tanks for generators. The site plan does not need an Engineer or Architect's stamp.**
- **Please make sure that the facility's physical address (not P.O. Box or rural route) is indicated in the installation site information. This will help our Hazardous Materials Inspector/Supervisor to find the facility.**
- **Please be sure to include the contact person's name and phone number so that our Hazardous Materials Inspector/Supervisor knows whom to contact on site.**
- **Please be sure to indicate the type of facility as code requirements differ for various facilities.**

If you should have any questions or concerns regarding this permit please feel free to call our office at 502-573-0382 (Deanna Cole- extension 420 or Dale Mancuso- extension 419). Mail completed permit application, plan review fee, and plans to:

**Office of Housing, Buildings & Construction
Hazardous Materials
101 Sea Hero Rd Suite 100
Frankfort KY 40601-5405
Attn: Deanna Cole**